

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Joseph Selby - 159971
(Name of Plaintiff) (Inmate Number)

1301 E. 12th Street
Wilmington, DE 19801
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) C.M.S.

(2) Mr. Jim Welch

(3) _____
(Names of Defendants)

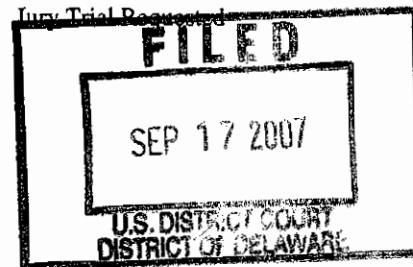
(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

07-558
(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT



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IFP

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No

C. If your answer to "B" is Yes:

1. What steps did you take? I file grievance form
2. What was the result? there has not been any results as of yet it's still pending with the grievance committee

D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: C.M.S. Medical Department
 Employed as Medical Dept at H.R.Y.C.I.
 Mailing address with zip code: 1301 E. 12th St Wilm, De 19809

- (2) Name of second defendant: Jim Welch
 Employed as Health Care Asst at H.R.Y.C.I.
 Mailing address with zip code: 1301 E. 12th St. Wilm, De 19809

- (3) Name of third defendant: _____
 Employed as _____ at _____
 Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. On february 3, 2007 I was on I-C Pod. I was RECEIVING Blood pressure medication And Tylenol Ms. Patience gave me A prescribed medication that I usually dont take. I asked Ms. Patience
2. the nurse that there has to be A mistake that I'm not suppose to take that. she assured me it was in my chart and I was supposed to take it I did and these are the symptoms that I suffer from
3. numbness in my fingers blurred vision migraine head aches it hurts when I unnele I forget at times And I feel nausea. the medication was 150mg of Sinquan psycho medication It has affect me with side effects every since I took it.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I am asking the court to investigate the situation I want A full examination to find out Any long term effects. I want to suit the medical department and the state for \$200,000 dollars for monetary Compeastion mental anguish, pain And suffering.

2. I am Asking the court to investigate as to the situation that occurred and inform that the Health care liason Jim Welch may know I want a suit on Jim Welch and the state of Delaware for 200,000 dollars for monetary compensation mental anguish, pain and suffering. like wise, I am Asking the court to investigate as to the situation that occurred and inform that the Health care Department may have at their disposal. I want a suit on Jim Welch and the state of Delaware for 200,000 dollars for monetary compensation mental anguish, pain and suffering.
3. I am Asking the court to investigate as to the situation that occurred and inform that the Health care Department may have at their disposal. I want a suit on Jim Welch and the state of Delaware for 200,000 dollars for monetary compensation mental anguish, pain and suffering.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of June, 2007

C.M.S. Medical Department

(Signature of Plaintiff 1)

Jim Welch

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Joseph Selby

Wilmington, DE 19809

WILMINGTON, DE 19850 SEP 17

1301 E. 1st Street

Wilmington, Delaware 19809

P.O. Box 9561

Clerk.

U.S. District Court

Lock box 18

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Wilmington, Delaware 19801